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## \*BIBDATASHEET\*

CONFIRMATION NO. 3045

Bib Data Sheet

SERIAL NUMBER 10/001,696	FILING DATE 10/31/2001  RULE	CLASS 700	GROUP ART UNIT 2121	ATTORNEY DOCKET NO. 4673-013B
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## APPLICANTS

Steve Varga, Memphis, TN;

Bryan Eagle III, Memphis, TN;  
Richard Desmarais, Brookline, NH; Robert Cowling, Memphis, TN;  
Michael D. Lemieux, Nashua, NH;  
John Hall, Bartlett, TN;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/427,954 10/27/1999 ABN  
which is a CON of 08/649,742 05/15/1996 PAT 6,181,981

*3/24/04*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/10/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	TN	14	1	1

## ADDRESS

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CARY, NC  
27512

## TITLE :

Apparatus and method for improved vending machine inventory maintenance

FILING FEE  RECEIVED 4536	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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Bib Data Sheet

CONFIRMATION NO. 3045

<b>SERIAL NUMBER</b> 10/001,696	<b>FILING DATE</b> 10/31/2001 <b>RULE</b>	<b>CLASS</b> 706	<b>GROUP ART UNIT</b> 2121	<b>ATTORNEY DOCKET NO.</b> 4673-013B
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**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLICATION IS A CON OF 09/427,954 10/27/1999  
WHICH IS A CON OF 08/649,742 05/15/1996 PAT 6,181,981 *de 3/12/02*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**\*\* 01/10/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TN	SHEETS DRAWING 14	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>etv</i>				

**ADDRESS**  
27820

**TITLE**  
Apparatus and method for improved vending machine inventory maintenance

<b>FILING FEE RECEIVED</b> 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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